Home Health Certification and Plan of Care

Order ID: 1150/13928

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7VF3PV8DV79	11/11/2025	From: 11/11/2025 To: 01/09/2026	19282	217058

6. Patient's Name and Address

Carolyn Cain
2904 Alden Rd,
PARKVILLE, MD 21234-
410-493-2162

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 05/08/1941 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.012D	Unsp intracap fx left femur subs for clos fx w routn heal	11/11/25

13. ICD	Other Pertinent Diagnoses	Date
I69.398	Other sequelae of cerebral infarction	11/11/25
H54.8	Legal blindness as defined in USA	11/11/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/11/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/11/25
N18.32	Chronic kidney disease stage 3b	11/11/25
D63.1	Anemia in chronic kidney disease	11/11/25
I48.91	Unspecified atrial fibrillation	11/11/25
E78.5	Hyperlipidemia unspecified	11/11/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	11/11/25
Z79.01	Long term (current) use of anticoagulants	11/11/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/11/25
Z79.82	Long term (current) use of aspirin	11/11/25
Z95.2	Presence of prosthetic heart valve	11/11/25
Z91.81	History of falling	11/11/25
Z96.642	Presence of left artificial hip joint	11/11/25
Z96.651	Presence of right artificial knee joint	11/11/25
Z87.440	Personal history of urinary (tract) infections	11/11/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Metoprolol Succinate - Metoprolol Succinate Hour 100 MG Give 1 tablet by mouth once a day Hour 100 MG Give 1 tablet by mouth one time a day for HTN hold for SBP less than 110 and HR less than 60
Tylenol #3 - Acetaminophen: Codeine Phosphate 500 MG, Give 2 tablet by mouth every hour Give 2 tablet by mouth every hours as needed for Pain
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram , Miralx Powder by mouth as necessary
Lisinopril - Lisinopril 0 MG (Lisinopril) Give 1 tablet by mouth once a day HTN
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mog, Capsule by mouth once a day G 50 mog by mouth one time a day for supplemem
Humalog - Insulin Lispro Recombinant 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale subcutaneous before meal Insulin Lispro Subcutaneous Solution Cartridge 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0-200 =0 unit: 201-250 = 2 units: 251-300=4 units, 301-350 =6 units, 351-400=8 units. FS above 400 or below 70, notify provider, subcutaneously before meals and at bedtime for DM type 2.
Warfarin Sodium - Warfarin Sodium 2.5 MG, Give 1 tablet by mouth three times per week //// AS OF 11/13/25, MED ON HOLD ///
Give 1 tablet by mouth in the evening every Thu, Sat, Sun for AFIB, SP Aortic valve replacement Goal INR 2.5 10 3.5
Warfarin - Warfarin Sodium 5Mg, Give 1 tablet by mouth four times per week ////AS OF 11/13/25 MED ON HOLD////
Every Mon, Tues, wed,fri for AFIB,S/P Aortic Valve replacement goal INR 2.5 TO 3.5.

14. DME and Supplies:

diabetic supplies, bath bench, walker

15. Safety Measures:

diabetic precautions, ambulates with device, walker precautions, , bathroom safety,

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Intracapsular Fracture Of Left Femur, Subsequent Encounter For Closed Fracture With Routine Healing, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is an 85-year-old female with a past medical history significant for atrial fibrillation, chronic anemia, hypertension, type 2 diabetes mellitus, and bilateral blindness. She recently experienced a fall that resulted in a left femur fracture, for which she underwent a left hip hemiarthroplasty. After completing a rehabilitation stay, she has returned home and currently resides in a single-level residence with her daughter and her daughter's boyfriend, though no caregivers were present during today's visit. Prior to the fall, the patient lived in a two-story home and was independent with basic self-care, functional transfers, and mobility. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented 4 and denied pain, nausea, vomiting, shortness of breath, or headache. She reports occasional fatigue. Physical findings include +2 bilateral lower extremity edema and dry skin; skin-care education was provided with return demonstration to ensure understanding. The patient presents with general weakness, decreased standing balance and tolerance, limited bilateral upper extremity strength, and reduced overall activity tolerance. These deficits impact her ability to perform self-care tasks, functional transfers, and safe household mobility. She ambulates with a rollator and demonstrates an unsteady gait despite being familiar with her home environment. The patient is prescribed Warfarin, and her daughter performs monthly PT/INR monitoring using a fingerstick device. Vital signs during the visit were within normal limits. Blood work has been ordered and will be drawn by the case manager the following day. The patient was instructed in a home exercise program focused on strengthening, balance, and safe mobility techniques, and she successfully completed return demonstrations with guidance. Skilled occupational therapy services are recommended to address ongoing deficits in strength, balance, endurance, and functional independence, with goals aimed at supporting safe mobility, optimizing self-care performance, and facilitating continued recovery to her prior level of functioning.
 Date of Order 11/11/2025 Orders Physician Face-to-Face Date: 11/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Unspecified Intracapsular Fracture Of Left Femur, Subsequent Encounter For Closed Fracture With Routine Healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Joseph,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Amrish Joseph
4924 Campbell Blvd Ste 200
Nottingham, MD 21236
PHONE: 4434422300 FAX: 14103672035 NPI: 1275723868

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 11/04/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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Amrish

SN Careplans

SN WK1: 1 (11/11/25-11/15/25) ,WK3: 1 (11/23/25-11/29/25) ,WK5: 1 (12/07/25-12/13/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, balance deficit, rough/scaly/cracked skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor, venipuncture: Order at SOC: Skilled nurse to draw CBC with Diff and PT/INR. Send results to 410-367-2783. Attn: Dr. Amrish Joseph

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To walk with only a cane if necessary

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/11/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed with the patient , Medication Review: The medication was reviewed with the patient , Home exercises: Long arc, Marching, side kicks , mini squats , heel raises --10x2 reps , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: The patient wants to walk with out device again.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/11/2025

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12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (11/11/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: work simplification/energy conservation, transfers training, assist with transferring, assist with mobility, assist with lower body dressing, assist with upper body dressing, therapeutic exercises, assist with laundry

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to go shopping

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/11/2025